	Branch																
SOUTH INDIAN Bank	Br. Code]	Cust	ome	r ID									
Experience Next Generation Banking Regd.Office, SIB House, T.B. Road	Account N	lo.															
Mission Quarters, Thrissur, 680 001, Kerala FATCA/CRS - Self Declaration Form for Non-Resident Clients - Controling Person of Entity A/c.																	
														-		ner)	
<i>(Mandatory for each Account/Joint Holder including POA, Guardian, Mandate holder, Beneficial Owner)</i> Note - The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) under Income Tax (11th Amendment) Rules, 2015 requirements. If you have any doubt/question about your tax residency, please contact your tax advisor																	
Details Of Account Holder (All fields are Mandatory)																	
1. Please fill in BLOCK letters only. 2. Please leave one box blank between words. 3. Tick (\checkmark) the appropriate boxes.															xes.		
Name of Account:															1		
Controlling person Type						1 1	1		1	1	I	1	1		<u>I</u>	<u>I</u>	<u> </u>
(C01 - CP of legal person-ownership, C02 - CP of legal person-other means, C03 - CP of legal person-senior managing official, C04 - CP of legal arrangement-trust-settlor, C05 - CP of legal arrangement-trust-trustee, C06 - CP of legal arrangement-trust-protector, C07 - CP of legal arrangement-trust-beneficiary, C08 - CP of legal arrangement-trust-other, C09 - CP of legal arrangement-Other-settlor equivalent, C10 - CP of legal arrangement-Other-trustee equivalent, C11 - CP of legal arrangement-Other-protector equivalent, C12 - CP of legal arrangement-Other-beneficiary equivalent, C13 - CP of legal arrangement-Other-other equivalent, C14 - Unknown)																	
I) Name of Beneficial owner																	
II) Gender M= Male, F= Female, O= Others																	
III) Birth Date																	
IV) Nationality (2 digit code as	per ISO3166	List)															
V) Address Type																	
(1= Residential/Business, 2	2= Residentia	l, 3= I	Busin	ess,	4= F	Register	ed c	ffice	, 5=	Uns	spec	ified)				
VI) Address: Complete address with House No., building name, street, locality, city,state etc.																	
VII) City /Town Name of city/town village:																	
VIII) Postal Code																	
(6 digit Pin code as per India Posts. In case of outside countries, respective code may be used .If Pin code is not available, use xxxxxx)																	
IX) State Code (2 digit code as per Indian Motor vehicle act. In case of outside India, or state code is not available, use XX)																	
X) Country code																	
(The country code as per ISO 3166.Use IN for India. If country code is not available ,use xx)																	
XI) Identification Type (A- Passport, B- Election ID, C- PAN card, D- ID card, E- Driving licence, G- UIDAI letter, H-NREGA job card, Z- Others, X- Not categorized)																	
			S	ignati	ure												

FATCA/CRS - Self Declaration Form for Non-Resident Clients - Controling Person of Entity A/c.

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XIII)	Father's Name	:																								
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XIV)	Spouse Name((if ma	arrie	d)																						
XV)	PAN																									
	AADHAAR]								
XVI) Occupation (specify occupation of Individual)																										
XVII) Country of residence as per tax laws: (2 digit code as per ISO3166 List)																										
XVII) Tax Identification Number/s(TIN) i													7													
	allotted by tax resident country and ii							i [
									i	ii [
XIX) TIN issuing country (2 digit code as per ISO3166 Li										i Lis	t)															
XX)	Place of birth																									
XXI)	Country of birth	n: (2	digi	t code	e as p	oer IS	O3′	166	Lis	t) []													
XXII)	Telephone No	and	mob	ile No	o. wit	h cod	е			Γ					Τ			Τ								
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circum 4. I au	stances. uthorize the ban	k to	pro	vide, (direc	tly or	ind	irec	tly,	to a	any	, rel	evar	nt ta	ax a	utho	oritie	es/g	IOVE	ernn	nen	t au	utho	rities	s ar	nd/or
4. I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this Form and to disclose to such tax authorities or such party any additional																										
information that the bank may have in its possession. 5. I certify that I am authorized (POA holder) to sign for the individual who is the beneficial owner of all the income																										
towhich this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/ information furnished by me as contained herein, I shall be solely liable and responsible for the same and I undertake													ation/													
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Seal & Signature of Branch Official																										
Details under FATCA / Foreign tax laws (See instructions)																										
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Details under FATCA/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In																										
certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax																										
advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such													such													
as with	as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s). If you are a US citizen or resident or green card holder, please include United													o. As												
States	ccount or close or s in the foreign co ons (commonly kn	untr	y inf	ormat	ion fi	eld al	ong	wit	h yc	our l	JS	Tax	Iden	side tific	ent c atic	or gr on N	een umt	car er.	a h e Fore	əide əign	e r, p Acc	cour	se in nt Ta	x Co	e U mpli	nited iance